

## Instructions to claimant

1) **Complete** Parts 1 through 3, below. Be sure to attach a copy of the deceased member's death certificate and documentation regarding your legal or personal relationship to the member.

2) **Send** your completed form to our main office (address above), ATTN: Retiree Services.

Please allow us 60 days from the date that you submit your completed form to us for processing. Also, be advised that we may request additional information from you, if necessary. If you have any questions, please contact a Retiree Services representative in our main office.

M T R S   U S E   O N L Y

RetSvcs

## 1) Claimant information

Name (full name required) . First  Middle  Last  Suffix, if any

Address . . . . .  Phone

City  State  Zip

Social Security number .  XXX-XX-XXXX Gender ☐ M ☐ F

Your relationship to deceased member (check all that apply, and attach documentation of relationship and indicate type, e.g., member's will)

☐ Executor/executrix . . . . per attached

☐ Power of attorney . . . . per attached

☐ Spouse . . . . . per attached

☐ Parent . . . . . per attached

☐ Sibling . . . . . per attached

☐ Child . . . . . per attached

☐ Former spouse . . . . . per attached

☐ Other . . . . . per attached

**Additional information?** If you wish to provide any other statement, documentation or information that you think is relevant to your claim and that you think will be helpful to us in determining your eligibility, please include it with this completed application and check this box to indicate that additional documentation is attached. . . . . ☐

## 2) Deceased member information

Name (full name required) . First  Middle  Last  Suffix, if any

Last known address. . . .

City  State  Zip

Social Security number .  XXX-XX-XXXX Gender ☐ M ☐ F

Last school district  
employed by . . . . .

Date of birth . . . . .  mm/dd/yyyy

Date of death . . . . .  mm/dd/yyyy ☐ Copy of death certificate attached (required)

## 3) Claimant signature and statement

I, the claimant named above in Part 1, hereby state, under the penalties of perjury, that the information I have provided in this form is true and complete to the best of my knowledge.

Signature . . . . .  Date